

rotation will be found to be the most useful movement, and often one finds that full external rotation is the only manipulation required, the other movements returning afterwards by exercise. We often hear the expression, "I put the joint through its full range of movement." This sounds impressive, but is bad orthopædics, since rough tearing of adhesions results in bleeding, organisation of the blood-clot, and further adhesion formation.

During most successful manipulations, adhesions can be felt or even occasionally heard giving way.

- (c) The day following manipulation the patient must exercise the shoulder and attempt to get the arm up to the position which the surgeon accomplished under the anæsthetic. For this reason, it is advisable that the masseur be in attendance during the manipulation to see what range of any one movement is possible in the individual case.

Exercises are persevered with until movement is as nearly complete as possible or until it is thought necessary to do a further manipulation. If the *spinati* are much wasted, faradic stimulation of them will be found a useful adjunct.

TO SUMMARISE THE POSITION.

1. It is suggested that the majority of cases of stiff and painful shoulder are due to an underlying tendinitis.
2. Other varieties of stiff shoulder do of course occur, but they are uncommon.
3. From a practical point of view, it is important to distinguish between traumatic, irritative, and adhesive varieties of tendinitis. It is not sufficient to X-ray the shoulder and then send the case to a physio-therapist.
4. Manipulation should only be employed where adhesions are without doubt present.
5. The value of activity on the patient's own part is stressed. It is doubtful whether massage, diathermy, etc., are of very much value.

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REVIEW

DISORDERS OF BLOOD PRESSURE. By various authors. Edited by Sir Humphry Rolleston, Bt., G.C.V.O., K.C.B., M.D., F.R.C.P., and Alan Moncrieff, M.D., F.R.C.P. Pp. 83. 6s. net. Published by *The Practitioner*.

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